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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

.. PM 12: 17

				7017 DECOM	ide Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		mple: If typing, type r the lines.	12FR4M5 H/	AIL CENTER
Crvil Liba	2rtiles	Assault	Fund		
L	<u> </u>				
ADDRESS (number and street)	11006	<u>Cumeron</u>	Street		
Check if different than previously reported. (ACC)	Alexa	ndria		VA 12	2314
2. FEC IDENTIFICATION	NUMBER ▼	CITY 🛦		STATE A	ZIP CODE A
c 005281	158	3. IS THIS REPORT	NEW (N) OR	AMEN (A)	DED .
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5) Aug 20 ((M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reparts:	Due On.	Mar 20 (M3)	Jun 20 (M6)	Sep 20 ((M9) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report July 15	(c) 12-D	ay -Election	Primary (12P)	General (120	Runoff (12R)
Quarterly Report October 15	l (Q2)	ort for the:	Convention (12C)	(12C) Special (12S)	
Quarterly Report January 31 Year-End Report		Election on	M M / D 70 /	Y Y Y Y	in the State of
July 31 Mid-Yea Report (Non-elec Year Only) (MY)	ction POS	ay T-Election ort for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on	11'06'	2012	in the State of
5. Covering Period	0001	2012	through l	1262	2012
I certify that I have examined Type or Print Name of Treaso	(;	the best of my kno	wledge and belief it is t	rue, correct and co	mplete.
Signature of Treasurer	S. Kaly	Me lathy		Date 12	06'2012
NOTE: Submission of false, en	roneous, or incomple	te information may su	ubject the person signing	this Report to the p	enalties of 2 U.S.C. §437g.
Office Use					FEC FORM 3X Rev. 12/2004